

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER:

Jean J. G. Rutten et al.

TITLE: METHOD AND APPARATUS FOR IMPARTING CURVES IN ELONGATED IMPLANTABLE MEDICAL INSTRUMENTS

CERTIFICATE UNDER 37 CFR §1.10:

CERTIFICATE UNDER 37 CFR §1.10 I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D.C. 20231, "EXPRESS No EL 799 065 600 US, on this 21st day of August, 2001

Molly Chlebeck

Printed Name

Mally Klebeck
Signature

Signature

J1033 U.S. PTO
09/934189
20/24/2014

08/21/01

Commissioner for Patents
FOR PATENT APPLICATION
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

Patent Application Transmittal

Specification:
Total pages: 37 (including claims and abstract: Spec. 20 sheets; Claims 16 sheets; Abstract 1)

Drawings:

Total sheets: 6

formal informal

Combined Declaration and Power of Attorney: (unsigned)

newly executed

copy from prior application

Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

Accompanying application parts:

- Notification of filing a
- Assignment of the Invention to Medtronic, Inc.
- Assignment cover sheet
- Information Disclosure Statement
- PTO Form 1449
- Copies of IDS citations
- Preliminary Amendment
- A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
- Return Postcard

IF A CONTINUING APPLICATION:

Continuation Divisional Continuation-in-part (CIP)
of prior application No. _____ / _____.

Amend the specification by inserting before the first line the sentence: This application is a continuation
 division continuation in part of application number _____, filed _____.

Cancel in this application original claims _____ of the prior application before calculating the filing fee.
(At least the original independent claim must be retained for filing purposes.)

The prior application is assigned of record to Medtronic, Inc.

The Power of Attorney in the prior application is to: _____.

This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

Address all future correspondence to: Girma Wolde-Michael, Reg. No. 36,724
Medtronic, Inc., MS 301
 7000 Central Avenue NE
 Minneapolis, Minnesota 55432
 Telephone: (763) 514-6402

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	54	20	= 34	x 18	612.00
Independent Claims	6	3	= 3	x 80	240.00
Multiple Dependent Claims	0			+ 270	0.00
Basic Filing Fee					710.00
				TOTAL	\$1,562.00

Charge Deposit Account No. 13-2546 the sum of **\$1,562.00** for the Filing Fee.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

08/21/01

Date


 Girma Wolde-Michael, Reg. No. 36,724
 MEDTRONIC, INC.
 7000 Central Avenue N.E.
 Minneapolis, Minnesota 55432
 Telephone: (763) 514-6402